

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90081 024 ***150.00

DOCUMENT # P96000103325

1. Entity Name

HOMELIFE-TEC INC.

Principal Place of Business

8753 MERION AVENUE
SARASOTA FL 34238
US

Mailing Address ☒

P.O. BOX 367041
BONITA SPRINGS FL 34136-7041
US

BUUU7327



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

27141 Brendan Way
Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Bonita Springs, FL

City & State

Zip

Country

34135
US

4. FEI Number

65-0720983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ROTH, SIEGFRIED
8753 MERION AVENUE
SARASOTA FL 34238

7. Name and Address of New Registered Agent

Name

Roth Siegfried
Street Address (P.O. Box Number is Not Acceptable)

27141 Brendan Way

City

Bonita Springs

State

FL

Zip Code

34135

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **DPT**
STREET ADDRESS **ROTH, SIEGFRIED**
CITY-ST-ZIP **P.O. BOX 785 N/A**
OSPNEY FL 34229

TITLE ☐ Delete
NAME **DVPS**
STREET ADDRESS **ROTH, EDITH**
CITY-ST-ZIP **P.O. BOX 785 N/A**
OSPNEY FL 34229

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Add
NAME **DPT**
STREET ADDRESS **Roth Siegfried**
CITY-ST-ZIP **P.O. Box 367041**
Bonita Springs, FL 34136-7041

TITLE ☐ Change ☐ Add
NAME **DVPS**
STREET ADDRESS **Roth Edith**
CITY-ST-ZIP **P.O. Box 367041**
Bonita Springs, FL 34136-7041

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Add
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGFRIED ROTH, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01/23/2000 941-770 0626
Daytime Phone #